

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90001 035 \*\*\*550.00

0090727

**DOCUMENT # P96000049540**

1. Entity Name  
**LA AUTENTICA FOODS, INC.**

Principal Place of Business Mailing Address  
**1300 S.E. 10TH AVENUE 1300 S.E. 10TH AVENUE**  
**NORTH BUILDING NORTH BUILDING**  
**HIALEAH FL 33010 HIALEAH FL 33010**

**774866**

2. Principal Place of Business 3. Mailing Address  
**989 SE 11th Place 989 SE 11th Place**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **Hialeah FL** City & State **Hialeah FL** 4. FEI Number **65-0693807** Applied For  
 Not Applicable  
 Zip **33010** Country Zip **33010** Country 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**RIVIERE, FABRICE** Name  
**1300 S.E. 10TH AVENUE** Street Address (P.O. Box Number is Not Acceptable)  
**NORTH BUILDING**  
**HIALEAH FL 33010** City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE *[Signature]* DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State** 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIVIERE, FABRICE</b> <b>1300 S.E. 10TH AVENUE</b> <b>HIALEAH FL 33010</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Riviere, Fabrice</b> <b>989 SE 11th Place</b> <b>Hialeah FL 33010</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Fabrice Riviere** 9/1/01 305-888-6727  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)